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Bib Data Sheet

CONFIRMATION NO. 8696

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/736,812 | <b>FILING DATE</b><br>12/14/2000<br><b>RULE</b> | <b>CLASS</b><br>382 | <b>GROUP ART UNIT</b><br>2621 | <b>ATTORNEY<br/>DOCKET NO.</b><br>81940DMW |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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Robert D. Fiete, Fairport, NY;

\*\* CONTINUING DATA \*\*\*\*\* *N1*  
*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N1*  
*NONE*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 02/21/2001

|  |                                   |                                |                              |                                    |
|--|-----------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>NY | <b>SHEETS<br/>DRAWING</b><br>5 | <b>TOTAL<br/>CLAIMS</b><br>6 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                              |                                    |
| Verified and<br>Acknowledged <i>2/14/01</i><br>Examiner's Signature Initials   |                                   |                                |                              |                                    |

## ADDRESS

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## TITLE

Adaptive process for removing streaks in multi-band digital images

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>790 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
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